



State Employees' Charitable Campaign  
**PLEDGE FORM REPORT ENVELOPE**  
MAXIMUM **15** FORMS PER ENVELOPE

**FOR CAMPAIGN ADMINISTRATORS  
USE ONLY**

Pick Up/Drop Off: \_\_\_\_/\_\_\_\_/\_\_\_\_

UWD Representative: \_\_\_\_\_

UWD Andar Number: \_\_\_\_\_

**PLEASE COMPLETE:**

DEPARTMENT/SECTION: \_\_\_\_\_

DDS CODE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

NAME OF CAPTAIN: \_\_\_\_\_

PHONE NUMBER OF CAPTAIN: \_\_\_\_\_

EMAIL OF CAPTAIN: \_\_\_\_\_

**Please complete for ENCLOSED pledges only. Do not include ePledge donations.**

Pledge Summary	# Of Donors	Total Contributions	Payments Enclosed
Payroll Deduction		\$	
Cash/Check Pledges Submit all checks & cash with report envelope.		\$	\$
<b>Totals</b> Enter Column Totals		\$	\$

**By signing below, I am affirming the validity of this envelope face and content.**

**NOTE: Two (2) signatures (SEALED ENVELOPE) are required.**

Chair: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Captain: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Haslet Armory Point Person #1: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Haslet Armory Point Person #2: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Keep a Copy for Your Records**

**IMPORTANT REMINDER**

All Kent and Sussex County envelopes will be delivered to Laura Gott at the Haslet Armory.  
All New Castle County envelopes will be picked up by United Way. To schedule a pick up contact Deborah Armstrong at [darmstrong@uwde.org](mailto:darmstrong@uwde.org).

**In All Instances**

Please Schedule A Pick Up Or Drop Off  
**"DO NOT JUST LEAVE AN ENVELOPE"**